

**MAIL YOUR GIFT  
TO THE COLUMBUS CITIZENS FOUNDATION SCHOLARSHIP FUND**

**I would like to make a gift in the amount of:**

\$100     \$250     \$500     \$1,000    Other \$ \_\_\_\_\_

I am including check # \_\_\_\_\_ as my form of gift giving.

I am using a credit card – see information below

**Please complete all areas of the form below.** If you are making a gift using a check exclude the credit card information. **Fields marked with an asterisk (\*) are required.**

**Please make checks payable to “Columbus Citizens Foundation Scholarship Fund” and mail, along with the form, to:**

**Nkx'HDNqT wuq  
Controller  
Columbus Citizens Foundation  
General Scholarship Fund  
8 East 69<sup>th</sup> Street  
New York, NY 10021**

**CONTACT INFORMATION:**

Salutation \_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Check here if this is a business address

Address\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip/Postal Code\* \_\_\_\_\_

Business Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address\* \_\_\_\_\_

**CREDIT CARD INFORMATION:**

**Name as it appears on credit card\*** \_\_\_\_\_

**Credit Card Company\*** (please check one)

**American Express**

**Visa**

**MasterCard**

**Discover**

**Credit Card Number\*** \_\_\_\_\_

**Expiration Date\*** \_\_\_\_\_

**CSC (Card Security Code)** \_\_\_\_\_

(The 3 or 4 digit number printed on your credit card)

**Billing Address\*** (which appears on credit card statement)

Same as above

If different, please enter address below:

**Address\*** \_\_\_\_\_

\_\_\_\_\_

**City\*** \_\_\_\_\_

**State\*** \_\_\_\_\_

**Zip Code\*** \_\_\_\_\_

(Must match billing zip code on file with credit card issuer)

**A TAX DEDUCTIBLE RECEIPT WILL BE MAILED TO YOU.**